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## WHERE YOU HAVE LIVED

List the places where you have lived, beginning with the most recent (#1) and working back 7 years. All periods must be accounted for in your list. Be sure to indicate the actual physical location of your residence; do not use a post office box as an address, do not list a permanent address when you were actually living at a school address, etc. Be sure to specify your location as closely as possible: for example, do not list only your base or ship, list your barracks number or home port. You may omit temporary military duty locations under 90 days (list your permanent address instead), and you should use your APO/FPO address if you lived overseas.

For any address in the last 5 years, list a person who knew you at that address, and who preferably still lives in that area (do not list people for residences completely outside this 5-year period, and do not list your spouse, former spouses, or other relatives). Also for addresses in the last 5 years, if the address is "General Delivery," a Rural or Star Route, or may be difficult to locate, provide directions for locating the residence on an attached continuation sheet.

Month/Year 2/89	Month/Year To Present	Street Address 6745 ABC Avenue	Apt. #	City (Country) OKC	State OK	ZIP Code 73125
Name of Person Who Knew You BOB JONES		Street Address 6740 ABC Ave	Apt. #	City (Country) OKC	State OK	ZIP Code 73125
Telephone Number (405) 555-1111						
[REDACTED]						
[REDACTED]						
[REDACTED]						
[REDACTED]						
[REDACTED]						
[REDACTED]						
[REDACTED]						

## WHERE YOU WENT TO SCHOOL

List the schools you have attended beyond Junior High School, beginning with the most recent (#1) and working back 7 years. List all College or University degrees and the dates they were received. If all of your education occurred more than 7 years ago, list your most recent education beyond high school, no matter when that education occurred.

- Use one of the following codes in the "Code" block:

1 - High School

2 - College/University/Military College

3 - Vocational/Technical/Trade School

- For schools you attended in the past 3 years, list a person who knew you at school (an instructor, student, etc.). Do not list people for education completely outside this 3-year period.
- For correspondence schools and extension classes, provide the address where the records are maintained.

Month/Year 2/89	Month/Year To 10/95	Code 2	Name of School Imaginary College	Degree/Diploma/Other Degree	Month/Year Awarded 10/95
Street Address and City (Country) of School 1234 Fiction Street OKC		State OK	ZIP Code 73125		
Name of Person Who Knew You Betty Boop		Street Address 5678 Bee Ave	Apt. #	City (Country) OKC	State OK
ZIP Code 73125		Telephone Number (405) 555-1112			
[REDACTED]					
[REDACTED]					
[REDACTED]					
[REDACTED]					
[REDACTED]					

Enter your Social Security Number before going to the next page

→ 123-45-6789

# 1 YOUR EMPLOYMENT ACTIVITIES

List your employment activities, beginning with the present (#1) and working back 7 years. You should list all full-time work, part-time work, military service, temporary military duty locations over 90 days, self-employment, other paid work, and all periods of unemployment. The entire 7-year period must be accounted for without breaks, but you need not list employments before your 16th birthday.

- **Code.** Use one of the codes listed below to identify the type of employment.
  - 1 - Active military duty stations
  - 2 - National Guard/Reserve
  - 3 - U.S.P.H.S. Commissioned Corps
  - 4 - Other Federal employment
  - 5 - State Government (Non-Federal employment)
  - 6 - Self-employment (Include business and/or name of person who can verify)
  - 7 - Unemployment (Include name of person who can verify)
  - 8 - Federal Contractor (List Contractor, not Federal agency)
  - 9 - Other

- **Employer/Verifier Name.** List the business name of your employer or the name of the person who can verify your self-employment or unemployment in this block. If military service is being listed, include your duty location or home port here as well as your branch of service. You should provide separate listings to reflect changes in your military duty locations or home ports.
- **Previous Periods of Activity.** Complete these lines if you worked for an employer on more than one occasion at the same location. After entering the most recent period of employment in the initial numbered block, provide previous periods of employment at the same location on the additional lines provided. For example, if you worked at XY Plumbing in Denver, CO, during 3 separate periods of time, you would enter dates and information concerning the most recent period of employment first, and provide dates, position titles, and supervisors for the two previous periods of employment on the lines below that information.

Month/Year	Month/Year	Code	Employer/Verifier Name/Military Duty Location	Your Position Title/Military Rank		
#1	9/98	To Present	9 ABC Rental	Rental Wizard		
Employer's/Verifier's Street Address			City (Country)	State	ZIP Code	Telephone Number
1234 Rental Avenue			OKC	OK	73125	(405) 555-1113
Street Address of Job Location (if different than Employer's Address)			City (Country)	State	ZIP Code	Telephone Number
						( )
Supervisor's Name & Street Address (if different than Job Location)			City (Country)	State	ZIP Code	Telephone Number
John Smith						( )
PREVIOUS PERIODS OF ACTIVITY (Block #1)	Month/Year	Month/Year	Position Title	Supervisor		
	To					
	Month/Year	Month/Year	Position Title	Supervisor		
	To					
Month/Year	Month/Year	Position Title	Supervisor			
To						
#2	11/95	To 4/98	9 Micro Management	Computer Operator		
Employer's/Verifier's Street Address			City (Country)	State	ZIP Code	Telephone Number
5678 Management Way			OKC	OK	73125	(405) 555-1114
Street Address of Job Location (if different than Employer's Address)			City (Country)	State	ZIP Code	Telephone Number
						( )
Supervisor's Name & Street Address (if different than Job Location)			City (Country)	State	ZIP Code	Telephone Number
Bob Management						( )
PREVIOUS PERIODS OF ACTIVITY (Block #2)	Month/Year	Month/Year	Position Title	Supervisor		
	6/95	To 8/95	Student Trainee			
	Month/Year	Month/Year	Position Title	Supervisor		
	6/94	To 8/94	Student Trainee			
Month/Year	Month/Year	Position Title	Supervisor			
To						
#3	3/94	To 5/94	7 Student in School			
Employer's/Verifier's Street Address			City (Country)	State	ZIP Code	Telephone Number
						( )
Street Address of Job Location (if different than Employer's Address)			City (Country)	State	ZIP Code	Telephone Number
						( )
Supervisor's Name & Street Address (if different than Job Location)			City (Country)	State	ZIP Code	Telephone Number
						( )
PREVIOUS PERIODS OF ACTIVITY (Block #3)	Month/Year	Month/Year	Position Title	Supervisor		
	9/94	To 5/95	Full time Student			
	Month/Year	Month/Year	Position Title	Supervisor		
	9/95	To 10/95	Full time Student			
Month/Year	Month/Year	Position Title	Supervisor			
To						

Enter your Social Security Number before going to the next page

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# OUR EMPLOYMENT ACTIVITIES (CONTINUED)

Month/Year #4 3/94	Month/Year To present	Code 2	Employer/Verifier Name/Military Duty Location OKIA Air National Guard	Your Position Title/Military Rank Airman (PART time)		
Employer's/Verifier's Street Address 1234 Guard Way			City (Country) OKC	State OK	ZIP Code 73125	Telephone Number (405) 555-1115
Street Address of Job Location (if different than Employer's Address)			City (Country)	State	ZIP Code	Telephone Number ( )
Supervisor's Name & Street Address (if different than Job Location) MSGT Hunpty Dumpty			City (Country)	State	ZIP Code	Telephone Number ( )

PREVIOUS PERIODS OF ACTIVITY (Block #4)	Month/Year To	Month/Year	Position Title	Supervisor
	Month/Year To	Month/Year	Position Title	Supervisor
	Month/Year To	Month/Year	Position Title	Supervisor
	Month/Year To	Month/Year	Position Title	Supervisor

Month/Year #5 To	Month/Year	Code	Employer/Verifier Name/Military Duty Location	Your Position Title/Military Rank		
Employer's/Verifier's Street Address			City (Country)	State	ZIP Code	Telephone Number ( )
Street Address of Job Location (if different than Employer's Address)			City (Country)	State	ZIP Code	Telephone Number ( )
Supervisor's Name & Street Address (if different than Job Location)			City (Country)	State	ZIP Code	Telephone Number ( )

PREVIOUS PERIODS OF ACTIVITY (Block #5)	Month/Year To	Month/Year	Position Title	Supervisor
	Month/Year To	Month/Year	Position Title	Supervisor
	Month/Year To	Month/Year	Position Title	Supervisor
	Month/Year To	Month/Year	Position Title	Supervisor

Month/Year #6 To	Month/Year	Code	Employer/Verifier Name/Military Duty Location	Your Position Title/Military Rank		
Employer's/Verifier's Street Address			City (Country)	State	ZIP Code	Telephone Number ( )
Street Address of Job Location (if different than Employer's Address)			City (Country)	State	ZIP Code	Telephone Number ( )
Supervisor's Name & Street Address (if different than Job Location)			City (Country)	State	ZIP Code	Telephone Number ( )

PREVIOUS PERIODS OF ACTIVITY (Block #6)	Month/Year To	Month/Year	Position Title	Supervisor
	Month/Year To	Month/Year	Position Title	Supervisor
	Month/Year To	Month/Year	Position Title	Supervisor
	Month/Year To	Month/Year	Position Title	Supervisor

12	YOUR EMPLOYMENT RECORD		Yes	No
	Has any of the following happened to you in the last 7 years? If "Yes," begin with the most recent occurrence and go backward, providing date fired, quit, or left, and other information requested.			X

Use the following codes and explain the reason your employment was ended:

- |  |  |  |
|--|--|--|
| 1 - Fired from a job                           | 3 - Left a job by mutual agreement following allegations of misconduct                 | 5 - Left a job for other reasons under unfavorable circumstances |
| 2 - Quit a job after being told you'd be fired | 4 - Left a job by mutual agreement following allegations of unsatisfactory performance |  |

Month/Year	Code	Specify Reason	Employer's Name and Address (Include city/Country if outside U.S.)	State	Zip Code

Enter your Social Security Number before going to the next page → 123-45-6789

### 13 PEOPLE WHO KNOW YOU WELL

List three people who know you well and live in the United States. They should be good friends, peers, colleagues, college roommates, etc., whose combined association with you covers as well as possible the last 7 years. Do not list your spouse, former spouses, or other relatives, and try not to list anyone who is listed elsewhere on this form.

#1	Name <u>Betsy Ross</u>	Dates Known Month/Year <u>2/89</u> To <u>Present</u>	Telephone Number ( <input checked="" type="checkbox"/> ) Day ( <u>405</u> ) <u>555-1116</u> ( ) Night	State <u>OK</u>	ZIP Code <u>73125</u>
	Home or Work Address <u>1234 Federal Way</u>	City (Country) <u>OKC</u>			
#2	Name <u>Benjamin Franklin</u>	Dates Known Month/Year <u>05/2/92</u> To <u>Present</u>	Telephone Number ( <input checked="" type="checkbox"/> ) Day ( <u>405</u> ) <u>555-1117</u> ( ) Night	State <u>OK</u>	ZIP Code <u>73125</u>
	Home or Work Address <u>5678 Capitol Road</u>	City (Country) <u>OKC</u>			
#3	Name <u>Abe Lincoln</u> <u>% FAA MMAC</u>	Dates Known Month/Year <u>3/90</u> To <u>Present</u>	Telephone Number ( <input checked="" type="checkbox"/> ) Day ( <u>405</u> ) <u>555-1118</u> ( ) Night	State <u>OK</u>	ZIP Code <u>73125</u>
	Home or Work Address <u>PO Box 25082 AMC-123</u>	City (Country) <u>OKC</u>			

### 14 YOUR MARITAL STATUS

Mark one of the following boxes to show your current marital status:

- ☐ 1 - Never married (go to question 15)
 ☐ 3 - Separated
 ☐ 5 - Divorced  
☐ 2 - Married
 ☐ 4 - Legally Separated
 ☒ 6 - Widowed

Current Spouse Complete the following about your current spouse.

Full Name	Date of Birth (Mo./Day/Yr.)	Place of Birth (Include country if outside the U.S.)	Social Security Number
Other Names Used (Specify maiden name, names by other marriages, etc., and show dates used for each name)			
Country of Citizenship	Date Married (Mo./Day/Yr.)	Place Married (Include country if outside the U.S.)	State
If Separated, Date of Separation (Mo./Day/Yr.)	If Legally Separated, Where is the Record Located? City (Country)		State
Address of Current Spouse (Street, city, and country if outside the U.S.)			State ZIP Code

### 15 YOUR RELATIVES

Give the full name, correct code, and other requested information for each of your relatives, living or dead, specified below.

- 1 - Mother (first)      3 - Stepmother      5 - Foster Parent      7 - Stepchild  
 2 - Father (second)    4 - Stepfather      6 - Child (adopted also)

Full Name (If deceased, check box on the left before entering name)	Code	Date of Birth Month/Day/Year	Country of Birth	Country(ies) of Citizenship	Current Street Address and City (country) of Living Relatives	State
<input type="checkbox"/> Betty Doe	1	11/2/30	US	US	1234 University Drive OKC	OK
<input type="checkbox"/> Billy Doe	2	2/2/31	US	US	1234 University Drive OKC	OK
<input type="checkbox"/> Bob Smith	6	2/20/90	US	US	6745 ABC Avenue OKC	OK
<input type="checkbox"/>						
<input type="checkbox"/>						
<input type="checkbox"/>						
<input type="checkbox"/>						
<input type="checkbox"/>						
<input type="checkbox"/>						
<input type="checkbox"/>						
<input type="checkbox"/>						

Enter your Social Security Number before going to the next page

→ 123456789



# 16 YOUR MILITARY HISTORY

a Have you served in the United States military?

b Have you served in the United States Merchant Marine?

List all of your military service below, including service in Reserve, National Guard, and U.S. Merchant Marine. Start with the most recent period of service (#1) and work backward. If you had a break in service, each separate period should be listed.

• Code. Use one of the codes listed below to identify your branch of service:

1 - Air Force 2 - Army 3 - Navy 4 - Marine Corps 5 - Coast Guard 6 - Merchant Marine 7 - National Guard

• O/E. Mark "O" block for Officer or "E" block for Enlisted.

• Status. "X" the appropriate block for the status of your service during the time that you served. If your service was in the National Guard, do not use an "X"; use the two-letter code for the state to mark the block.

• Country. If your service was with other than the U.S. Armed Forces, identify the country for which you served.

Month/Year	Month/Year	Code	Service/Certificate #	O	E	Active	Active Reserve	Inactive Reserve	National Guard (State)	Country
3/94	To present	7	123456789		X				OKLAHOMA	US
To										

# 17 YOUR SELECTIVE SERVICE RECORD

a Are you a male born after December 31, 1959? If "No," go to 18. If "Yes," go to b.

b Have you registered with the Selective Service System? If "Yes," provide your registration number. If "No," show the reason for your legal exemption below.

Registration Number Legal Exemption Explanation

# 18 YOUR INVESTIGATIONS RECORD

a Has the United States Government ever investigated your background and/or granted you a security clearance? If "Yes," use the codes that follow to provide the requested information below. If "Yes," but you can't recall the investigating agency and/or the security clearance received, enter "Other" agency code or clearance code, as appropriate, and "Don't know" or "Don't recall" under the "Other Agency" heading, below. If your response is "No," or you don't know or can't recall if you were investigated and cleared, check the "No" box.

Codes for Investigating Agency

1 - Defense Department  
2 - State Department  
3 - Office of Personnel Management

4 - FBI  
5 - Treasury Department  
6 - Other (Specify)

Codes for Security Clearance Received

0 - Not Required  
1 - Confidential  
2 - Secret  
3 - Top Secret  
4 - Sensitive Compartmented Information  
5 - Q

6 - L  
7 - Other

Month/Year	Agency Code	Other Agency	Clearance Code	Month/Year	Agency Code	Other Agency	Clearance Code

b To your knowledge, have you ever had a clearance or access authorization denied, suspended, or revoked, or have you ever been debarred from government employment? If "Yes," give date of action and agency. Note: An administrative downgrade or termination of a security clearance is not a revocation.

Month/Year	Department or Agency Taking Action	Month/Year	Department or Agency Taking Action

# 19 FOREIGN COUNTRIES YOU HAVE VISITED

List foreign countries you have visited, except on travel under official Government orders, beginning with the most current (#1) and working back 7 years. (Travel as a dependent or contractor must be listed.)

• Use one of these codes to indicate the purpose of your visit: 1 - Business 2 - Pleasure 3 - Education 4 - Other

• Include short trips to Canada or Mexico. If you have lived near a border and have made short (one day or less) trips to the neighboring country, you do not need to list each trip. Instead, provide the time period, the code, the country, and a note ("Many Short Trips").

• Do not repeat travel covered in items 9, 10, or 11.

Month/Year	Month/Year	Code	Country	Month/Year	Month/Year	Code	Country
#1 12/92	To 12/92	2	MEXICO	#5	To		
#2 3/95	To present	1	CANADA - Several Short trips while on duty for OK Air National Guard	#6	To		
#3	To			#7	To		
#4	To			#8	To		

Enter your Social Security Number before going to the next page

→ 12345678

<b>20 YOUR POLICE RECORD</b> <i>(Do not include anything that happened before your 16th birthday.)</i>					Yes	No
In the last 7 years, have you been arrested for, charged with, or convicted of any offense(s)? <i>(Leave out traffic fines of less than \$150.)</i>						
If you answered "Yes," explain your answer(s) in the space provided.						
Month/Year	Offense	Action Taken	Law Enforcement Authority or Court <i>(City and county/country if outside the U.S.)</i>	State	ZIP Code	

<b>21 ILLEGAL DRUGS</b>					Yes	No
The following questions pertain to the illegal use of drugs or drug activity. You are required to answer the questions fully and truthfully, and your failure to do so could be grounds for an adverse employment decision or action against you, but neither your truthful responses nor information derived from your responses will be used as evidence against you in any subsequent criminal proceeding.						
<b>a</b> In the last year, have you <u>illegally</u> used any controlled substance for example, marijuana, cocaine, crack cocaine, hashish, narcotics (opium, morphine, codeine, heroin, etc.), amphetamines, depressants (barbiturates, methaqualone, tranquilizers, etc.), hallucinogenics (LSD, PCP, etc.), or prescription drugs?						
<b>b</b> In the last 7 years, have you been involved in the illegal purchase, manufacture, trafficking, production, transfer, shipping receiving, or sale of any narcotic, depressant, stimulant, hallucinogen, or cannabis, for your own intended profit or that of another?						
If you answered "Yes" to "a" above, provide information relating to the types of substance(s), the nature of the activity, and any other details relating to your involvement with illegal drugs. Include any treatment or counseling received.						
Month/Year	Month/Year	Controlled Substance/Prescription Drug Used	Number of Times Used			

<b>22 YOUR FINANCIAL RECORD</b>						Yes	No
<b>a</b> In the last 7 years, have you, or a company over which you exercised some control, filed for bankruptcy, been declared bankrupt, been subject to a tax lien, or had legal judgment rendered against you for a debt? If you answered "Yes," provide date of initial action and other information requested below.							
Month/Year	Type of Action	Name Action Occurred Under	Name/Address of Court or Agency Handling Case	State	ZIP Code		
12/90	Chapter 11	Jane Smith	Oklahoma County Court 315 Dean A. McGee, OKC	OK	73102		
<b>b</b> Are you now over 180 days delinquent on any loan or financial obligation? Include loans or obligations funded or guaranteed by the Federal Government.							
If you answered "Yes," provide the information requested below:							
Month/Year	Type of Loan or Obligation and Account #	Name/Address of Creditor or Obligor	State	ZIP Code			

After completing this form and any attachments, you should review your answers to all questions to make sure the form is complete and accurate, and then sign and date the following certification and sign and date the release on page 8.

<b>Certification That My Answers Are True</b>	
My statements on this form, and any attachments to it, are true, complete, and correct to the best of my knowledge and belief and are made in good faith. I understand that a knowing and willful false statement on this form can be punished by fine or imprisonment or both. (See section 1001 of title 18, United States Code).	
Signature <i>(Sign in ink)</i>	Date
Jane Doe	4-8-01
Enter your Social Security Number before going to the next page	→ 123-45-6789
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## UNITED STATES OF AMERICA

### AUTHORIZATION FOR RELEASE OF INFORMATION

Carefully read this authorization to release information about you, then sign and date it in ink.

I **Authorize** any investigator, special agent, or other duly accredited representative of the authorized Federal agency conducting my background investigation, to obtain any information relating to my activities from individuals, schools, residential management agents, employers, criminal justice agencies, credit bureaus, consumer reporting agencies, collection agencies, retail business establishments, or other sources of information. This information may include, but is not limited to, my academic, residential, achievement, performance, attendance, disciplinary, employment history, criminal history record information, and financial and credit information. I authorize the Federal agency conducting my investigation to disclose the record of my background investigation to the requesting agency for the purpose of making a determination of suitability or eligibility for a security clearance.

I **Understand** that, for financial or lending institutions, medical institutions, hospitals, health care professionals, and other sources of information, a separate specific release will be needed, and I may be contacted for such a release at a later date. Where a separate release is requested for information relating to mental health treatment or counseling, the release will contain a list of the specific questions, relevant to the job description, which the doctor or therapist will be asked.

I **Further Authorize** any investigator, special agent, or other duly accredited representative of the U.S. Office of Personnel Management, the Federal Bureau of Investigation, the Department of Defense, the Defense Investigative Service, and any other authorized Federal agency, to request criminal record information about me from criminal justice agencies for the purpose of determining my eligibility for assignment to, or retention in a sensitive National Security position, in accordance with 5 U.S.C. 9101. I understand that I may request a copy of such records as may be available to me under the law.

I **Authorize** custodians of records and other sources of information pertaining to me to release such information upon request of the investigator, special agent, or other duly accredited representative of any Federal agency authorized above regardless of any previous agreement to the contrary.

I **Understand** that the information released by records custodians and sources of information is for official use by the Federal Government only for the purposes provided in this Standard Form 85P, and that it may be redisclosed by the Government only as authorized by law.

Copies of this authorization that show my signature are as valid as the original release signed by me. This authorization is valid for five (5) years from the date signed or upon the termination of my affiliation with the Federal Government, whichever is sooner.

Signature (Sign in ink) <i>Jane Doe</i>		Full Name (Type or Print Legibly) Jane Doe		Date Signed 4-8-01	
Other Names Used <i>Jane Smith</i>				Social Security Number 123-45-6789	
Current Address (Street, City) 6745 ABC Avenue, OKC			State OK	ZIP Code 73125	Home Telephone Number (Include Area Code) (405) 555-1119



## UNITED STATES OF AMERICA

### AUTHORIZATION FOR RELEASE OF MEDICAL INFORMATION

Carefully read this authorization to release information about you, then sign and date it in black ink.

#### Instructions for Completing this Release

This is a release for the investigator to ask your health practitioner(s) the three questions below concerning your mental health consultations. Your signature will allow the practitioner(s) to answer only these questions.

I am seeking assignment to or retention in a position of public trust with the Federal Government as a(n)

(Investigator instructed to write in position title.)

As part of the investigative process, I hereby authorize the investigator, special agent, or duly accredited representative of the authorized Federal agency conducting my background investigation, to obtain the following information relating to my mental health consultations:

Does the person under investigation have a condition or treatment that could impair his/her judgment or reliability?

If so, please describe the nature of the condition and the extent and duration of the impairment or treatment.

What is the prognosis?

I understand the information released pursuant to this release is for use by the Federal Government only for purposes provided in the Standard Form 85P and that it may be redisclosed by the Government only as authorized by law.

Copies of this authorization that show my signature are as valid as the original release signed by me. This authorization is valid for 1 year from the date signed or upon termination of my affiliation with the Federal Government, whichever is sooner.

Signature (Sign in ink)	Full Name (Type or Print Legibly)	Date Signed
Jane Doe	Jane Doe	4-8-01
Other Names Used	Social Security Number	
Jane Smith	123-45-6789	
Current Address (Street, City)	State	ZIP Code
6745 ABC Avenue OKC	OK	73125
Home Telephone Number (Include Area Code)		
(405) 555-1119		

# Declaration for Federal Employment

Form Approved:  
O.M.B. No. 3206-0182  
NSN 7540-01-368-7775  
50306-101

## GENERAL INFORMATION

1 FULL NAME ▶ Jane nmn Doe	2 SOCIAL SECURITY NUMBER ▶ 123-45-6789
3 PLACE OF BIRTH (Include City and State or Country) ▶ OKC, OK	4 DATE OF BIRTH (MM/DD/YY) ▶ 11-12-62
5 OTHER NAMES EVER USED (For example, maiden name, nickname, etc.) ▶ Jan Smith ▶	6 PHONE NUMBERS (Include Area Codes) DAY ▶ 405-555-1119 NIGHT ▶ 405-555-1110

## MILITARY SERVICE

7 Have you served in the United States Military Service? If your only active duty was training in the Reserves or National Guard, answer "NO".

Yes	No
	X

If you answered "YES", list the branch, dates (MM/DD/YY), and type of discharge for all active duty military service.

BRANCH	FROM	TO	TYPE OF DISCHARGE

## BACKGROUND INFORMATION

For all questions, provide all additional requested information under item 15 or on attached sheets. The circumstances of each event you list will be considered. However, in most cases you can still be considered for Federal jobs.

For questions 8, 9, and 10, your answers should include convictions resulting from a plea of nolo contendere (no contest), but omit (1) traffic fines of \$300 or less, (2) any violation of law committed before your 16th birthday, (3) any violation of law committed before your 18th birthday if finally decided in juvenile court or under a Youth Offender law, (4) any conviction set aside under the Federal Youth Corrections Act or similar State law, and (5) any conviction whose record was expunged under Federal or State law.

- 8 During the last 10 years, have you been convicted, been imprisoned, been on probation, or been on parole? (Includes felonies, firearms or explosives violations, misdemeanors, and all other offenses.) If "Yes", use item 15 to provide the date, explanation of the violation, place of occurrence, and the name and address of the police department or court involved.
- 9 Have you been convicted by a military court-martial in the past 10 years? (If no military service, answer "NO".) If "Yes", use item 15 to provide the date, explanation of the violation, place of occurrence, and the name and address of the military authority or court involved.
- 10 Are you now under charges for any violation of law? If "Yes", use item 15 to provide the date, explanation of the violation, place of occurrence, and the name and address of the police department or court involved.
- 11 During the last 5 years, were you fired from any job for any reason, did you quit after being told that you would be fired, did you leave any job by mutual agreement because of specific problems, or were you debarred from Federal employment by the Office of Personnel Management? If "Yes", use item 15 to provide the date, an explanation of the problem and reason for leaving, and the employer's name and address.
- 12 Are you delinquent on any Federal debt? (Includes delinquencies arising from Federal taxes, loans, overpayment of benefits, and other debts to the U.S. Government, plus defaults of Federally guaranteed or insured loans such as student and home mortgage loans.) If "Yes", use item 15 to provide the type, length, and amount of the delinquency or default, and steps that you are taking to correct the error or repay the debt.

Yes	No
	X
	X
	X
	X
	X

## ADDITIONAL QUESTIONS

- 13 Do any of your relatives work for the agency or organization to which you are submitting this form? (Includes father, mother, husband, wife, son, daughter, brother, sister, uncle, aunt, first cousin, nephew, niece, father-in-law, mother-in-law, son-in-law, daughter-in-law, brother-in-law, sister-in-law, stepfather, stepmother, stepson, stepdaughter, stepbrother, stepsister, half brother, and half sister.) If "Yes", use item 15 to provide the name, relationship, and the Department, Agency, or Branch of the Armed Forces for which your relative works.
- 14 Do you receive, or have you ever applied for, retirement pay, pension, or other pay based on military, Federal civilian, or District of Columbia Government service?

Yes	No



## CONTINUATION SPACE / AGENCY OPTIONAL QUESTIONS

- 5** Provide details requested in items 8 through 13 and 17c in the continuation space below or on attached sheets. Be sure to identify attached sheets with your name, Social Security Number, and item number, and to include ZIP Codes in all addresses. If any questions are printed below, please answer as instructed (these questions are specific to your position, and your agency is authorized to ask them).

## CERTIFICATIONS / ADDITIONAL QUESTION

**APPLICANT:** If you are applying for a position and have not yet been selected. Carefully review your answers on this form and any attached sheets. When this form and all attached materials are accurate, complete item 16/16a.

**APPOINTEE:** If you are being appointed. Carefully review your answers on this form and any attached sheets, including any other application materials that your agency has attached to this form. If any information requires correction to be accurate as of the date you are signing, make changes on this form or the attachments and/or provide updated information on additional sheets, initialing and dating all changes and additions. When this form and all attached materials are accurate, complete item 16/16b and answer item 17.

**6** I certify that, to the best of my knowledge and belief, all of the information on and attached to this Declaration for Federal Employment, including any attached application materials, is true, correct, complete, and made in good faith. I understand that a false or fraudulent answer to any question on any part of this declaration or its attachments may be grounds for not hiring me, or for firing me after I begin work, and may be punishable by fine or imprisonment. I understand that any information I give may be investigated for purposes of determining eligibility for Federal employment as allowed by law or Presidential order. I consent to the release of information about my ability and fitness for Federal employment by employers, schools, law enforcement agencies, and other individuals and organizations to investigators, personnel specialists, and other authorized employees of the Federal Government. I understand that for financial or lending institutions, medical institutions, hospitals, health care professionals, and some other sources of information, a separate specific release may be needed, and I may be contacted for such a release at a later date.

**16a** Applicant's Signature ►  
(Sign in ink)

*Jane Doe*

Date ► 4-5-01

**16b** Appointee's Signature ►  
(Sign in ink)

Date ►

APPOINTING OFFICER: Enter Date of Appointment or Conversion  
►

- 7** Appointee Only (Respond only if you have been employed by the Federal Government before): Your elections of life insurance during previous Federal employment may affect your eligibility for life insurance during your new appointment. These questions are asked to help your personnel office make a correct determination.

**17a** When did you leave your last Federal job? .....

**17b** When you worked for the Federal Government the last time, did you waive Basic Life Insurance or any type of optional life insurance? .....

**17c** If you answered "Yes" to item 17b, did you later cancel the waiver(s)? If your answer to item 17c is "No," use item 15 to identify the type(s) of insurance for which waivers were not cancelled. ....

Date (MM/DD/YY)		
Yes	No	Don't Know

APPLICANT		LEAVE BLANK		TYPE OR PRINT ALL INFORMATION IN BLACK		FBI		LEAVE BLANK	
				LAST NAME	FIRST NAME	MIDDLE NAME			
				Smith	Jane	nmn			
SIGNATURE OF PERSON FINGERPRINTED		ALIASES AKA		OR		OKFAAQ100		DATE OF BIRTH DOB	
Jane Doe		Smith, Jane		1		FAA AERONAUTICAL		Month Day Year	
RESIDENCE OF PERSON FINGERPRINTED		CITIZENSHIP CTZ		SEX		RACE		PLACE OF BIRTH POB	
6745 ABC Ave.		US		F		C		City State	
OKC OK 73125		YOUR NO. OCA		HGT		WGT		EYES	
DATE		FBI NO. FBI		5		115		BR BR	
3/14/61		ARMED FORCES NO. MNU							
SIGNATURE OF OFFICIAL TAKING FINGERPRINTS		SOCIAL SECURITY NO. SOC							
Office of the Clerk		123-45-6789							
EMPLOYER AND ADDRESS		MISCELLANEOUS NO. MNU							
Company Name									
Address									
REASON FINGERPRINTED									
Suitability									

(Example)

Prints must be made

under to submitting

Suitability Form

LEFT FOUR FINGERS TAKEN SIMULTANEOUSLY

L. THUMB

R. THUMB

RIGHT FOUR FINGERS TAKEN SIMULTANEOUSLY



APPLICANT		LEAVE BLANK		TYPE OR PRINT ALL INFORMATION IN BLACK		FBI		LEAVE BLANK	
				LAST NAME	FIRST NAME	MIDDLE NAME			
				Smith	Jane	nmn			
SIGNATURE OF PERSON FINGERPRINTED		ALIASES AKA		OR		OKFAAQ100		DATE OF BIRTH DOB	
Jane Doe		Smith, Jane		1		FAA AERONAUTICAL		Month Day Year	
RESIDENCE OF PERSON FINGERPRINTED		CITIZENSHIP CTZ		SEX		RACE		PLACE OF BIRTH POB	
6745 ABC Ave.		US		F		C		City State	
OKC OK 73125		YOUR NO. OCA		HGT		WGT		EYES	
DATE		FBI NO. FBI		5		115		BR BR	
3/14/61		ARMED FORCES NO. MNU							
SIGNATURE OF OFFICIAL TAKING FINGERPRINTS		SOCIAL SECURITY NO. SOC							
Office of the Clerk		123-45-6789							
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Company Name									
Address									
REASON FINGERPRINTED									
Suitability									

(Example)

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